

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
Township \_\_\_\_\_ Primary Registration District No. 1001  
City St. Joseph (No. 2326 So. 19th St. St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. 238  
Registered No. 78

**2. FULL NAME**

Susie Ann Wolff

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Otto H. Wolff  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan, 19, 1888  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
44 0 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) York Co., Neb. 2

13. NAME Joseph Burkert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve, Mo.

15. MAIDEN NAME Philomena Werner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve, Mo.

17. INFORMANT Otto H. Wolff  
(ADDRESS) 2326 So. 19th St.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Mt. Olivet Cemetery DATE Jan, 25, 1932

19. UNDERTAKER (ADDRESS) Walter Meinhoffer  
1302 Faraon St., St. Joseph, Mo.

20. FILED JAN 25 1932 John R. Bender, Jr.  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan, 22, 1932, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1932, to Jan 22, 1932  
I last saw h. ex. alive on Jan 22, 1932. Death is said to have occurred on the date stated above, at 3.45 P.M.  
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset Jan 11  
108  
114B/108

Other contributory causes of importance:  
Hemorrhage from Lung

Name of operation 9 Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No Date of injury No, 19\_\_\_\_  
Where did injury occur? No (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No  
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) Charles F. Werner, M. D.  
(Address) Kirkpatrick Bldg., St. Joseph Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 23 1932

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